

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/18/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  12/16/2014
NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 052 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to maintain the fire alarm system and its components.</p> <p>The findings include:</p> <p>Observation and interview with maintenance on December 16, 2014 at 1:45 p.m. revealed the fire alarm panel is showing a supervisory signal that tamper switch #2 in the sprinkler pit. Maintenance stated that it was an ongoing problem with electronic devices that are installed in the sprinkler pit due to moisture.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 16, 2014.</p> <p>NFPA 72 7-1.1.1, 7-1.1.2</p>	K 052	<p>1. On 12/18/14 the Maintenance staff weather proofed the pit by tarring outside walls, installing drain, put gravel in bottom of pit and moisture barrier, and putting roof over the pit to reduce moisture in pit. An outside company will check the system for working condition by 1/20/15.</p> <p>2. Beginning 12/29/14 the maintenance staff will check the pit monthly for moisture for 3 months and then quarterly through 2015.</p> <p>3. Beginning 12/31/14 maintenance will report results of the pit monitoring for moisture to the Quarterly QAPI committee and the Administrator will report these results to the Governing Body.</p>	1/20/15	
K 061 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems have</p>	K 061			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 061	Continued From page 1 valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1  This STANDARD is not met as evidenced by: Based on observation, it was determined that that facility failed to have all control valves for the sprinkler system electronically supervised that will give a signal that will sound at a continuously staffed location.  The findings include:  Observation on December 16, 2014 at 1:50 p.m. revealed the fire pump room has 1 of 4 Outside Stem & Yoke (OS&Y) not supervised electronically with a tamper switch to indicate that the sprinkler system operation is impaired.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 16, 2014. NFPA 101 9.7.2.1* NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 061	K 061 Tamper switch in pump room  1. On 1/20/15 an outside consultant will install a tamper switch to the valve in the pump room, check and test the tamper switch.  2. Beginning 12/15/14 the maintenance staff checked all other valves in the room and will be monitored monthly.  3. Beginning 12/31/14 maintenance will report sprinkler valve monitoring to quarterly QAPI committee and the Administrator will report to the Governing Board.	1/20/15	
K 062 SS=E		K 062	1. By 1/20/15 Chattanooga Fire will change all sprinkler heads in basement to meet code, change the Sprinkler Head in Laundry Area, straightened the tilted sprinkler head in far North West corner, moved the sprinkler head outside HVAC Room 2 away from wall. Maintenance has removed all wires and re-secured from sprinkler supports and branch lines.	1/20/15	

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K 062	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to install and maintain the automatic sprinkler system and its components.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Observation on December 16, 2014 at 9:30 a.m. revealed mixed sprinkler heads throughout the basement area are quick response sprinklers and standard response sprinklers.</li> <li>2. Observation on December 16, 2014 at 10:10 a.m. revealed the laundry room of the dryer's, there are 1 of 4 quick response sprinkler heads mixed with standard response.</li> <li>3. Observation on December 16, 2014 at 9:37 a.m. revealed in the far North West corner of the basement, an upright sprinkler head is not installed in the proper orientation. The upright sprinkler head is installed at an approximately 45 degree angle.</li> <li>4. Observation on December 16, 2014 at 10:15 a.m. revealed non system components are being supported by the sprinkler system's branch lines and hangers.</li> <li>5. Observation on December 16, 2014 at 12:52 p.m. revealed the sprinkler head located outside of the HVAC mechanical room in dining room 2, is located within 4 inches of the wall.</li> </ol> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on December 16, 2014. NFPA 13 5-3.1.5.2, 6-1.1.5*, 5-6.3.3, NFPA 25 2-2.1.1*</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 062	<ol style="list-style-type: none"> <li>2. On 12/18/14 the maintenance staff and Administrator checked all sprinkler heads in each compartment and found one more area that sprinkler head needed changing and this was changed by Chattanooga Fire.</li> <li>3. Beginning 12/29/31 any sprinkler heads changed or added, maintenance staff will check monthly to make sure all sprinkler heads are the same in each compartment.</li> <li>4. Beginning 12/31/14 Maintenance Director will provide a sprinkler monitoring report to the quarterly QAPI Committee showing the areas serviced and status of any sprinkler heads replaced. The Administrator will report finding to the Governing Board at their quarterly meetings.</li> </ol>	1/20/15	
K 069 SS=D		K 069			

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K 069	Continued From page 3 Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observation, record review, and interview, it was determined that the facility failed to maintain the kitchen exhaust system and its components.  The findings include:  Observation, record review, and interview with the maintenance director on December 16, 2014 at 10:00 a.m. revealed the following: 1. The upblast fan was installed approximately 2 years ago. The upblast fan is not hinged and provided with an all-weather resistant grease collection device. 2. The kitchen hood and grease removal duct work is not being cleaned bi-annually by a service company that is trained and knowledgeable. The facility has no documentation showing that the hood and grease removal duct work is not being conducted. The maintenance director stated that the staff cleans the kitchen hood.  These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on December 16, 2014. NFPA 96 1998 Edition 4-8.2.1, 5-1.1 NFPA 101 LIFE SAFETY CODE STANDARD	K 069	1. On December 19, 2014, the Administrator secured a contract with outside contractor to clean hood and upblast fan on January 6 <sup>th</sup> , 2015, added hinge to fan, and added an all- weather resistant grease collection device.  2. Beginning 12/31/14, the maintenance staff has scheduled the next cleaning when routine service is provided.  3. Beginning 12/31/14 the Administrator placed cleaning on the Microsoft Outlook calendar with a reminder for service dates.  4. Beginning 12/31/14 the dietary manager will provide report on the cleaning service to the quarterly QAPI committee. The Administrator will report monitoring outcomes to the Governing Board meeting.	1/20/15	
K 076 SS=D	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.	K 076			

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K 069	Continued From page 3 Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observation, record review, and interview, it was determined that the facility failed to maintain the kitchen exhaust system and its components.  The findings include:  Observation, record review, and interview with the maintenance director on December 16, 2014 at 10:00 a.m. revealed the following: 1. The upblast fan was installed approximately 2 years ago. The upblast fan is not hinged and provided with an all-weather resistant grease collection device. 2. The kitchen hood and grease removal duct work is not being cleaned bi-annually by a service company that is trained and knowledgeable. The facility has no documentation showing that the hood and grease removal duct work is not being conducted. The maintenance director stated that the staff cleans the kitchen hood.  These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on December 16, 2014. NFPA 96 1998 Edition 4-8.2.1, 5-1.1 NFPA 101 LIFE SAFETY CODE STANDARD	K 069	1. On December 19, 2014, the Administrator secured a contract with outside contractor to clean hood and upblast fan on January 6 <sup>th</sup> , 2015, added hinge to fan, and added an all- weather resistant grease collection device.  2. Beginning 12/31/14, the maintenance staff has scheduled the next cleaning when routine service is provided.  3. Beginning 12/31/14 the Administrator placed cleaning on the Microsoft Outlook calendar with a reminder for service dates.  4. Beginning 12/31/14 the dietary manager will provide report on the cleaning service to the quarterly QAPI committee. The Administrator will report monitoring outcomes to the Governing Board meeting.	1/20/15	
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K 076	<p>Continued From page 4</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have oxygen storage separated from combustibles.</p> <p>The findings include:</p> <p>Observation on December 16, 2014 at 1:55 p.m. revealed the oxygen storage in the central supply room by the nursing station is not provided with 5 feet clear space from items that are combustible.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 16, 2014. NFPA 99 8.3.1.11.2</p>	K 076	<ol style="list-style-type: none"> <li>On 12/18/19 the maintenance staff built a cage on the back porch which is covered and oxygen cylinders have been locked and chained in cage.</li> <li>On 12/15/14 the maintenance staff checked all oxygen cylinders to ensure cylinders were secured and any unused cylinders were locked in cage on back porch monthly.</li> <li>Beginning 12/31/14 the maintenance staff will monitor cylinders monthly to ensure cylinders are secured.</li> <li>Beginning 12/31/14 the maintenance staff will report on secured oxygen tanks being used by residents and tanks in storage to the quarterly QAPI committee and the Administrator will report to the Governing Body.</li> </ol>	1/20/15	